

Exhibit A

SHERIFF'S ENTRY OF SERVICE

Marietta, Georgia

COBB COUNTY

Superior Court ☒State Court ☐12/27/2022
CLM

SERVE

Attorney's Address

5617 Norman Court
Atlanta, GA 30349

Civil Action No. 22-1-5748-68

Date Filed 12/16/2022

Name and Address of Party to be Served

Wellstar Health Systems
Leo Reichert c/o Candice Sanders
793 Sawyers Road
Marietta, GA 30062
Company # 15115379

Kettisa Willis

Plaintiff

VS.

Wellstar Health Systems

Garnishee

Defendant

PERSONAL ☐

I have this day served the defendant _____ personally with a copy of the within action and summons.

NOTORIOUS ☐

I have this day served the defendant _____ by leaving a copy of the action and summons at his most notorious place of abode in this County.

Delivered same into hands of _____ described as follows age, about _____ years; weight, about _____ pounds; height, about _____ feet and _____ inches, domiciled at the residence of defendant.

CORPORATION ☐Served the defendant _____ a corporation
by leaving a copy of the within action and summons with _____ in charge of the office and place of doing business of said Corporation in this County.TACK & MAIL ☐

I have this day served the above styled affidavit and summons on the defendant(s) by posting a copy of the same to the door of the premises designated in said affidavit, and on the same day of such posting by depositing a true copy of same in the United States Mail, First Class in an envelope properly addressed to the defendant(s) at the address shown in said summons, with adequate postage affixed thereon containing notice to the defendant(s) to answer said summons at the place stated in the summons.

NON EST ☐

Diligent search made and defendant _____ not to be found in the jurisdiction of this Court.

This _____ day of _____, 20____

DEPUTY

SHERIFF DOCKET _____ PAGE _____

COBB COUNTY, GEORGIA

WHITE: Clerk

CANARY: Plaintiff Attorney

PINK: Defendant

IN THE SUPERIOR COURT OF COBB COUNTY
 STATE OF GEORGIA

Page 1

Lettisa Willis
 Plaintiff

Wellstar Health Systems
 Defendant

CIVIL ACTION NO. 22-18748-68
 Connors, Clerk of Superior Court Cobb County

COMPLAINT FOR Sexual Harrassment/Discriminatio
mental Anguish

Now comes Lettisa Willis, plaintiff in the above-styled action, and states his
 complaint as follows:

The defendant is Wellstar, who is a resident of 303 Parkway Drive NE
Atlanta, GA 30312 County, Georgia, and is subject to the jurisdiction of
 this court.

2. *List short and plain statement in separately numbered paragraphs of claim sued upon.*

A contract existed between Plaintiff and employer
Contract was broken due to Sexual Harrassment and
Gender discrimination. Plaintiff suffered mental Anguish,
mental suffering, emotional distress & loss of wages.
All Proof submitted to EEOC

Jane Soks EEOC Representative Investigators app
Atlanta District Office (Jane.sok@eoc.gov
100 Alabama street suite 4R30
Atlanta, GA 30363 470-521-4795

3. *List statement of damages, with items of special damages stated specifically.*

There is A Police Report Coup As wells
security cameras in Wellstar Hospital
for evidence. the camera system, 4TB storage.

Asking \$550,000,000.00 Negotiable

WHEREFORE, plaintiff demands judgment against defendant for the sum of \$ TBD,
together with interest and the costs of this action.

Lettisa Willis
5017 Norman Court
Atlanta, GA 30349
404-906-0149

Plaintiff
Address
Telephone number

Lettisa Willis

IN THE SUPERIOR COURT OF COBB COUNTY
STATE OF GEORGIAPetitioner: Lettisa Willis

and

Respondent: Wellstar Health Systems

Civil Action File No.: _____

VERIFICATION

I, Lettisa Willis, personally appeared before the undersigned attesting officer authorized by law to administer oaths, and after being duly sworn, declare under oath that I am the Petitioner in the above-styled action and that the facts stated in the foregoing Petition for Lettisa Willis are true and correct to the best of my knowledge.

Signed this 14 day of December 2022.
[day] [month] [year]

Lettisa Willis

(Sign your name here before Notary) Petitioner, Self-Represented

Petitioner's name (print or type):

Lettisa Willis

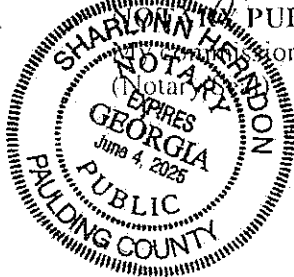
Petitioner's Address:

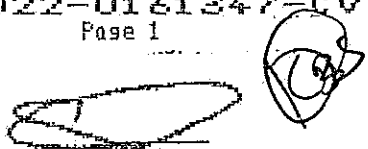
5617 Norman Court
Atlanta, GA 30349Petitioner's Telephone Number: 404-906-0249

Sworn to and affirmed before me, this

14 day of December 2022Sharlynn Herndon

PUBLIC

Commission expires: 6-4-2025


Connie Taylor
Clerk of Superior Court Cobb County

IN THE SUPERIOR COURT OF COBB COUNTY
STATE OF GEORGIA

CIVIL ACTION NO:

22-1-8748-68

Lettisa Willis
PLAINTIFF

VS.

Wellstar Health Systems

DEFENDANT

NOTICE OF FILING

* Police Report
* Medical Records


SIGNATURE

Lettisa Willis

PRINT NAME

5617 Norman Court
Atlanta, GA 30349
ADDRESS

404-906-0149
PHONE NUMBER

we won 49@gmail.com
EMAIL ADDRESS

⑤

Exhibit "A"

EEOC Form 161-B (01/2022)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: Lettisa Willis
~~5612 Norman Court Atlanta~~
Atlanta, GA 30349

From: Atlanta District Office
100 Alabama Street, SW, Suite 4R30
Atlanta, GA 30303

EEOC Charge No.
11B-2022-00087

EEOC Representative
Jane Suk,
State, Local and Tribal Coordinator

Telephone No.
470-531-4795

(See also the additional information enclosed with this form.)

NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA); This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Less than 180 days have elapsed since the filing date. I certify that the Commission's processing of this charge will not be completed within 180 days from the filing date.

The EEOC is terminating its processing of this charge.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Digitally Signed By: Darrell Graham
10/27/2022

Enclosures(s)

Darrell Graham
District Director

cc: Charles L. Bachman, Jr.
GDCR Attorneys at Law
49 Atlanta Street
Marietta, GA 30060
cbachman@gdcrlaw.com

Superior
IN THE MAGISTRATE COURT OF COBB
STATE OF GEORGIA

Lethisa Willis
5617 Norman Court
Atlanta, GA 30349
404-906-0149 wewon49@gmail.com
Plaintiff(s) Name, Address, Phone, Email Address

CASE NO. 1

STATEMENT OF CLAIM

vs.

Wellstar Health Systems } Atlanta District Office
303 Parkway Drive NE } 100 Alabama Street, SW Suite
Atlanta, GA 30312 404-265-4400 } Atlanta, GA 30303 4R30
Defendant(s) Name, Address, Phone, Email Address Plaintiff's Attorney, Name, Address, Phone 470-538-479

[] Suit on Note [] Suit on Account [] Contract [] Tort [] Trover [] Personal Injury [X] Other Sexual Harassment
Discrimination

1. The Court has jurisdiction over the defendant(s) [] the Defendant(s) is a resident of COBB County; [] Other (please specify) _____

2. Plaintiff(s) claims the Defendant(s) is indebted to the Plaintiff(s) as follows (You must include a brief statement giving reasonable notice of the basis for each claim contained in the Statement of Claim):

Was unwilling touch on the buttocks by another
employee several times. submitted police report
TO ATLANT DIST

3. This claim is in the amount of \$ 550,000.00, principal \$ OPEN TO NEGOTIATE¹⁰, plus costs to date, and all future costs of this suit.

4. Please select hearing location: () Downtown Courthouse () North Annex () South Annex

5. I am the X Plaintiff () Plaintiff's Attorney and I () would or () would not like to receive text message alerts for upcoming hearing dates for this case? (Standard text message rates from your carrier may apply) Cell Phone # 404-906-0149

STATE OF GEORGIA, COBB COUNTY

being duly sworn on oath says the foregoing is a just and true statement the amount owing by defendant(s) to plaintiff(s), exclusive of all set-offs and just grounds of defense.

Sworn and subscribed before me this
14 day of December 20 22

Lethisa Willis
Plaintiff(s) or Agent 404-906-0149
(If Agent, Title or Capacity) wewon49@gmail.com
5617 Norman Court Atlanta GA 30349
Plaintiff's Mobile Phone Number & Email Address

Notary Public/Attesting Official

NOTICE AND SUMMONS

TO: All Defendant(s) You are hereby notified that the above named Plaintiff(s) has/have made a claim and is requesting judgment against you in the sum shown by the foregoing statement. YOU ARE REQUIRED TO FILE or PRESENT AN ANSWER (answer forms can be obtained for the above listed web-site or clerk's office) TO THIS CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS CLAIM UPON YOU. IF YOU DO NOT ANSWER, JUDGMENT BY DEFAULT WILL BE ENTERED AGAINST YOU. YOUR ANSWER MAY BE FILED IN WRITING OR MAY BE GIVEN ORALLY TO THE JUDGE OR CLERK. Answer & Counterclaim forms are available at the Clerk's office and online (magistratefulton.org). Answers & counterclaims should be electronically filed with the Magistrate Court Clerk, either an oral or written answer at room TG100, 185 Central Ave., S.W. Atlanta, Georgia 30303 between 8:30 A.M. and 5:00 P.M. OR electronically at www.odysseyfilega.com (convenience fee applies). If you choose to file your answer orally, YOU MUST COME TO THE COURT IN PERSON within the 30 day period. NO TELEPHONE ANSWERS ARE PERMITTED. The court will hold a hearing on this claim at a time scheduled after your answer is filed. You may come to court with or without an attorney. If you have witnesses, books, receipts, or other writings bearing on this claim, you should bring them to court at the time of your hearing. If you want witnesses or documents subpoenaed, see a staff person in the Clerk's office for assistance. If you have a claim against the Plaintiff(s), you should notify the court by immediately filing a written answer and counterclaim. If you admit to the Plaintiff(s)' claim but need additional time to pay, you must come to the hearing in person and tell the court your financial circumstances. Your answer must be RECEIVED by the clerk within 30 days of the date of service. If you are uncertain whether your answer will timely arrive by mail, file your answer in person at the clerk's office during business hours.

This _____ day of _____, 20____

Magistrate Judge or Deputy Clerk

MAG 10-01 STATEMENT OF CLAIM JANUARY 2019

EEOC Form 706 (Rev. 10/2012)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)To: Lashia Willis
5617 Norwood Court
Atlanta, GA 30349From: Atlanta District Office
100 Alabama Street, SW, Suite 4120
Atlanta, GA 30303EEOC Charge No.
118-3022-08161EEOC Representative
Jana Suk,
State, Local and Tribal CoordinatorTelephone No.
404.531-6793

(See also for additional information enclosed with this form.)

NOTICE TO THE PERSON AGGRAVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA). This is your Notice of Right to SUE issued under Title VII, the ADA or GINA based on the above-captioned charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under this law may be different.)

Less than 180 days have elapsed since the filing date. I certify that the Commission's processing of this charge will not be completed within 180 days from the filing date.

The EEOC is terminating its processing of this charge.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required). EPA suits must be brought in federal or state court within 3 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 3 years (4 years) before you file suit may not be collectible.

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Digitally Signed by David Graham
16212022
David Graham
District Director

Enclosure(s)

cc: Yelka Kozar
Tish Lee
1 LeBaron Sq. Ste. 1500
Indianapolis, IN 46204
ykozar@indiana.gov

Total: \$0.00
Total RX: 2
Signature Required: Y
Counsel: Y

Walmart
Pharmacy

ID# 2022-0161347-CV
p. Page 5

If you have any question, please feel free to contact your Pharmacist at 1-800-994-0657
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or go to www.fda.gov/Safety/medwatch/

Pharmacy hours	Mon 09:00 AM - 09:00 PM	Wed 09:00 AM - 09:00 PM	Fri 09:00 AM - 09:00 PM	Sat 09:00 AM - 09:00 PM
	Tue 09:00 AM - 09:00 PM	Thu 09:00 AM - 09:00 PM	Sat 09:00 AM - 09:00 PM	Lunch Time Varies

RUTLEDGE
LETISA



~~Risperidone 3MG TAB ZYO~~

~~DIRECTIONS: TAKE 1 TABLET BY MOUTH AT BEDTIME~~

~~CONFIDENTIAL~~

~~1 COLLEGE PARK GA 30349 5258~~

WAL-MART PHARMACY 10-787 OC# 465 923 841 076 592 329 107 659 238
PRIORITY: WILL PICKUP

17050 HWY 85 SOUTH

RIVERDALE GA 30274-0066

NABP 1137579 NFI 1104843432

Reduced Paper M

RX 6233454

Ref = 2

DATE: 09/16/22

1 Patient Pay: \$0.00

Cash: \$4.00

WHP

COLCORD,HERBERT R

Prescriber NPI 1770065815

QTY: 30 DAW: 0 DAY SUPPLY 30

TP REF # 222596116491314999 222596116491314999

RUTLEDGE
LETTISA



FLUOXETINE 20MG CAP LEG

~~DIRECTIONS: TAKE 1 CAPSULE BY MOUTH ONCE DAILY~~

~~SECRET NOFORN~~

~~COLLEGE PARK~~ GA 303496968

WAL-MART PHARMACY 10-787 OC# 365 923 841 076 592 377 107 659 238 PRIORITY: WILL PICKUP

7050 HWY 85 SOUTH

RIVERDALE, GA. 30274 -0000

NABP. 1137579 NPI 1104843432

Reduced Paper: No

RX 6233455

Ref = 2

DATE: 09/16/22

Patient Pay: 50.00

Cash: \$4.00

WHP

ନେତୃତ୍ୱାଧୀନ ଶିକ୍ଷାବଳୀ

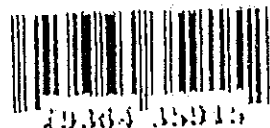
14-00000 07/10/2000

23

Tue 09:00 AM 09:00 PM

Thu 09:00 AM 09:00 PM

RUTLEDGE
LETTISA
5617 NORMAN CT



79364 35916

ID# 2022-0161347-CV

COLLEGE PARK, GA 303496968

OC# 455 923 841 076 592 377 107 659 238

WAL-MART PHARMACY 10-787

PRIORITY WILL PICKUP

7050 HWY. 85 SOUTH

NEW

RIVERDALE, GA 30274 0000

NABP: 1137579 NPI: 1104843432

Reduced Paper: N

RX: 6233454

Ref = 2

DATE 09/16/22

Patient Pay: \$0.00

Cash: \$4.00

WHP

Risperid
DIRECTI

COLCO

Prescrib

QTY: 30

TP REF

RUTLEDGE
LETTISA
5617 NORMAN CT



79364 35916

COLLEGE PARK, GA 303496968

OC# 365 923 841 076 592 377 107 659 238

WAL-MART PHARMACY 10-787

PRIORITY WILL PICKUP

7050 HWY. 85 SOUTH

NEW

RIVERDALE, GA 30274-0000

NABP: 1137579 NPI: 1104843432

Reduced Paper: N

RX: 6233455

Ref = 2

DATE: 09/16/22

Patient Pay: \$0.00

Cash: \$3.00

WHP

FLUOX
DIRECT

COLCO

Prescrib

QTY: 30

TP RE

med

Exhibit "M"

L. Rutledge (465625)

Willis has an appointment with Lettice

CLAYTON CENTER

853 Battle Creek Road ID# 2012-001347-CV
Jonesboro, Georgia 30236 Page 7

Phone: 770-473-2494 / Fax: 770-478-8722

☐ MON. ☐ TUES. ☐ WED. ☐ THURS. ☒ FRI. ☐ SAT.

8/19/22

AT

1:00 PM AM

IF UNABLE TO KEEP APPOINTMENT, KINDLY GIVE 24 HRS. NOTICE.

L. Rutledge (465625)

Willis has an appointment with Lettice

CLAYTON CENTER

853 Battle Creek Road
Jonesboro, Georgia 30236

Phone: 770-473-2494 / Fax: 770-478-8722

☐ MON. ☐ TUES. ☐ WED. ☐ THURS. ☐ FRI. ☐ SAT.

7/21/22

AT

10:00 AM PM

IF UNABLE TO KEEP APPOINTMENT, KINDLY GIVE 24 HRS. NOTICE.

- ☒ Appointment with: 1:45pm
☐ Appointment with:
☐ Appointment with:
☐ Appointment with:

@ 2022
 @
 @
 @

Date

9/16/22

ID# 2022-0161347-CV
Page 8

Welcome to Clayton Center

Number Pulled

Individual Engagement Form

NAME	Leffisa Willis	Date of Birth	[REDACTED]
ARRIVAL TIME	1:45:00	APPOINTMENT TIME	

☐ New Client (Intake #)

Client ID#

☒ Returning/Current Client☐ Former Client☐ VA Client☐ Recent Hospital Discharge☐ Court System

Do you have an APPOINTMENT Today:

☒ YES ☐ NODo you have a Picture ID: ☒ YES ☐ NOWhat TYPE of service are you seeking today: ☒ Mental Health ☐ Substance Use

Type of Insurance (Check all that apply)	<input type="checkbox"/> No Insurance	<input type="checkbox"/> Aetna	<input type="checkbox"/> Amerigroup	<input type="checkbox"/> BC/BS	<input type="checkbox"/> CareSource
	<input type="checkbox"/> Cigna	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Peachstate	<input type="checkbox"/> United Healthcare
	<input type="checkbox"/> Wellcare	<input type="checkbox"/> VA	<input type="checkbox"/> Other:		

Telephone No.	404-540-0449	Mailing Address	2022 A Street
		City	Atlanta
		State	GA
		Zip	
Why are you here today or your chief complaint?			
Hurt 11/4 1.1.22			

Does the client have a diagnosis of Autism or Developmental Disabilities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Have you been recently discharged from a Mental Health Hospital or a CSU?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If so, what date?	9/15/2022
Which Hospital were you discharged from?	Grady Hospital
Were you discharged with meds or a prescription	<input checked="" type="checkbox"/> Meds <input checked="" type="checkbox"/> Prescription <input type="checkbox"/> Neither
Do you have your Discharge Papers with you today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Thank you for coming in today. We would like to know how you are feeling, please answer the following questions.

Do you wish you were dead or that you did not wake up today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are you having thoughts of hurting or killing yourself today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If you are having thoughts of hurting or killing yourself, do you have a plan on how to do it?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Have you done anything to hurt yourself or try to kill yourself within the last 7 days?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are you having thoughts of hurting or killing someone else today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If you are having thoughts of hurting or killing someone today, do you have a plan on how to do it?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are you hearing voices or people talking to you today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are the voices you hear telling you to hurt or kill yourself or hurt or kill others?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Leg Injury

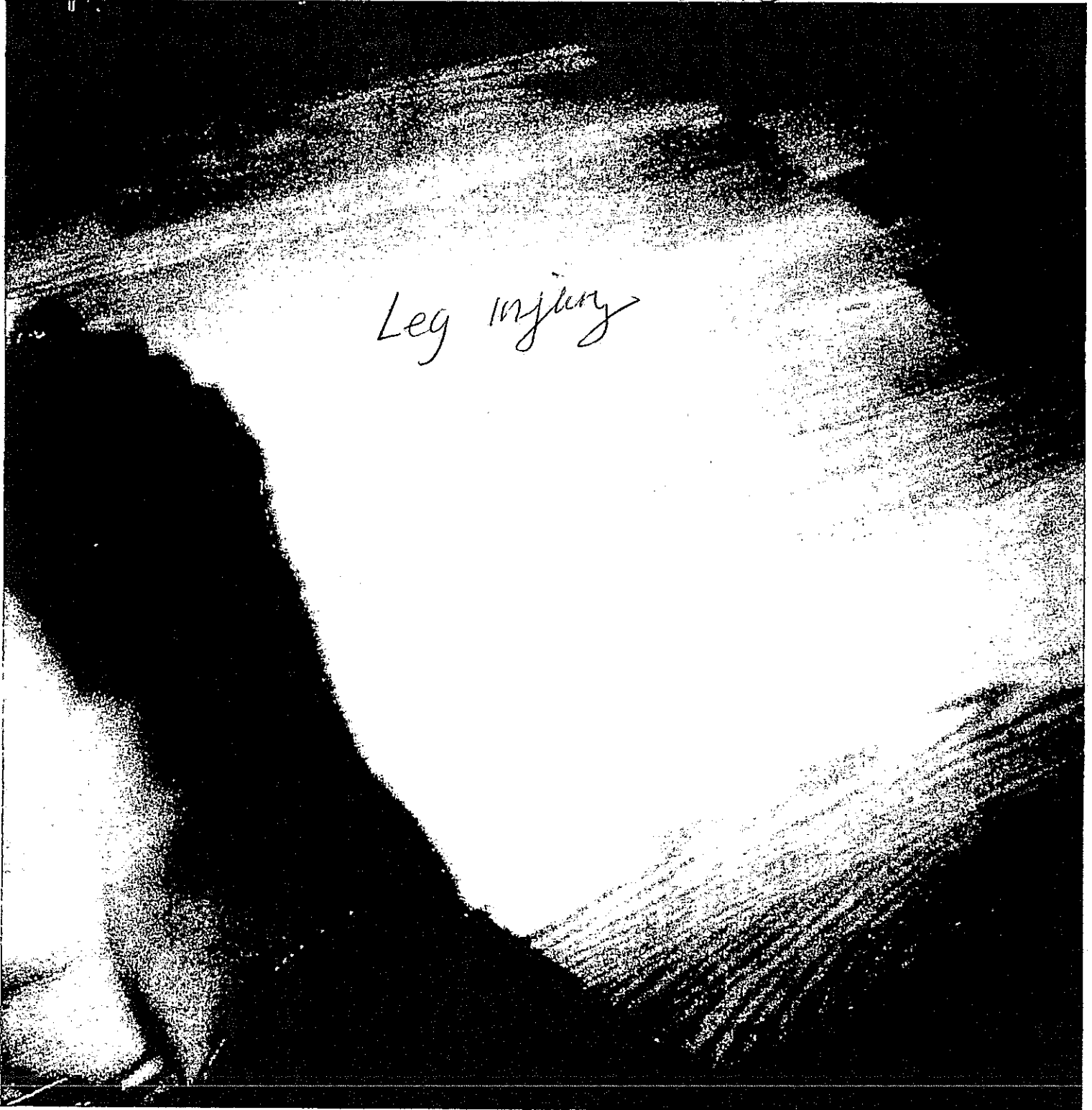
ID# 2022-0161347-03
Page 9

(21)

Exhibit # 2

Medical Records Lettise Willis

Leg injury



Page 11

COLCORD HERBERT
Prescribed 11/17/70
QTY 30 DAY 0
TP REF # 0274940

Letitia Willis

Police Report Lettise Willis

58056 - Incident Report (Atlanta Police Department) CASE # 212580856 Pg 2 of 3

NAME / ETHNICITY
Black or African American / Not Hispanic Or Latino

PHONE NUMBER
(678) 532-4132 (primary, cell)

HOME ADDRESS
5617 NORMAN CT, ATLANTA, GA 30349

SUBJECT-1
SUBJECT-1 NAME (LAST, FIRST MIDDLE)
SB-2 stiner, shawn

DOB / ESTIMATED AGE RANGE
[REDACTED]

SEX
Male

RACE / ETHNICITY
White / Not Hispanic Or Latino

PHONE NUMBER
(678) 201-4690 (primary, cell)

HOME ADDRESS
401 WESLEY DR, ACWORTH, GA 30101

WITNESS-1
WITNESS-1 NAME (LAST, FIRST MIDDLE)
W-1 stiner, shawn

DOB / ESTIMATED AGE RANGE
[REDACTED]

SEX
Male

RACE / ETHNICITY
White / Not Hispanic Or Latino

PHONE NUMBER
(678) 201-4690 (primary, cell)

HOME ADDRESS
401 WESLEY DR, ACWORTH, GA 30101

STOP & THINK

☐ You were in a commercial or residential building or structure

☐ You were not immediately responding to a civilian 911 call

INVOLVED PERSONS

INVOLVED PERSON-1 NAME (LAST, FIRST MIDDLE)
P-1 willis, lettise raynette

DOB / ESTIMATED AGE RANGE
[REDACTED]

SEX
Female

RACE / ETHNICITY
Black or African American / Not Hispanic Or Latino

PHONE NUMBER
(678) 532-4132 (primary, cell)

HOME ADDRESS
5617 NORMAN CT, ATLANTA, GA 30349

INVOLVEMENT TYPE A
Reporting Party

INVOLVED PERSON-2 NAME (LAST, FIRST MIDDLE)
P-2 stiner, shawn

DOB / ESTIMATED AGE RANGE
[REDACTED]

SEX
Male

RACE / ETHNICITY
White / Not Hispanic Or Latino

PHONE NUMBER
(678) 201-4690 (primary, cell)

HOME ADDRESS
401 WESLEY DR, ACWORTH, GA 30101

INVOLVEMENT TYPE B
Witness

PERSON ADDENDUM

FIRST NAME
lettise

LAST NAME
willis

RACE / ETHNICITY
Black or African American / Not Hispanic Or Latino

DOB / ESTIMATED AGE RANGE
[REDACTED]

SEX
Female

HOME ADDRESS
5617 NORMAN CT, ATLANTA, GA 30349

REPORTING OFFICER SIGNATURE / DATE
Johnny Figueroa #7312 Sep 18, 2021 23:53 (e-signature)

JOHN WILLIS
John Willis #7312

IMG_20220310_100123.jpg

11/8/22, 2:58 PM

Exhibit H

Police Report

ID# 2022-0161347-15
Lettisa Willis

Case # 212580856 - Incident Report		
REPORT DATE / TIME Sep 15, 2021 14:04	ZONE / BEAT / SUBDIVISION A / SUBDIVISION S 6 / 604	EVENT START DATE / TIME - EVENT END DATE / TIME Sep 15, 2021 12:04 - 12:50
REPORT AUTHOR Tommy Figueroa #7312	BODY WORN CAMERA 1. Yes - Video Footage Available	
REPORT TAKEN LOCATION 303 PARKWAY DR NE, 400 RALPH MCGILL BLVD NE & 400 HIGHLAND AVE NE, ATL, GA 30312		
NARRATIVE		
<p>On 09/15/2021 at approximately 12:50 PM I Officer T. Figueroa (ID#7312 BWC ax1023 operating vehicle#33949) was dispatched to Receive information on a dispute at 303 Parkway DR NE. When I arrived I spoke to the reporting party.</p> <p>Ms. Lettisa Raynette Willis (dob 12/06/1971, ga oln 060020830) stated that on 08/27/2021 she was working at the location as a contractor for LGC associates in the cafeteria of AMC hospital when an unknown female coworker allegedly began telling her she was crazy and that she talks to her self. Miss Willis stated that she replied that she just comes to work and mind her own business. Miss Willis then left work frustrated because of her coworkers allegations against her she then stated she forgot to sign out and went back inside and ran into the manager of the cafeteria. And she said that she tried to report the incident with her coworker to him but he refused to acknowledge her claims and told her that she had to leave. She then stated that he signed her out without her consent. I advised Miss Willis that this was not a crime she then further added that an unknown male coworker also touched her butt that day. I went with her to the cafeteria and made contact with the manager.</p> <p>Mr. Shawn Stiner (12/09/1964, Ga oln 060020830) stated that Ms. Willis was a former employee and that he received complaints that Ms. Willis was cursing and acting irate in front of customers at the cafeteria, he went to see what was going on but stated that she was gone. A short time later Ms. Willis returned to the location and began cursing at him and he told her to leave. Another female manager named Ms. Maquita Edwards (dob 10/12/1985) stated that she wasn't working that day and hasn't had any issues with her but sees Ms. Willis having conversations with herself regularly through out her shift.</p> <p>I asked Mr. Stiner if he knew of a male that worked in the cafeteria with Ms. Willis matching the description she gave. Ms. Edwards replied stating the only person she could think of was a male named Shamead. Ms. Willis stated she believes the male that touched her butt was named Shamead. Ms. Edwards stated the male in question worked as a contractor for the hospital and he was no longer working with the hospital. Both party's were separated without incident and they were given the case number. Nothing further to report at this time.</p>		
INCIDENT INFO		
INCIDENT TYPE Miscellaneous Non-crime		
OFFENSE LOCATION		
LOCATION NAME / STREET ADDRESS / LOCATION NAME / APT, UNIT, STE / DESCRIPTION 303 PARKWAY DR NE		
CITY ATLANTA	STATE GA	ZIP 30312
LOCATION CATEGORY Drug Store/ Doctor's Office/ Hospital	ZONE / BEAT / SUBDIVISION A / SUBDIVISION S 6 / 604	
SUBJECT-1 NAME (LAST, FIRST MIDDLE) B-1 willis, lettisa raynette		
REPORTING OFFICER SIGNATURE / DATE Tommy Figueroa #7312 Sep 18, 2021 23:53 (e-signature)		
NAME Tommy Figueroa #7312		

11/8/22, 2:48 PM

Exhibit 1

IMG_20220310_100103.jpg

RX: 2

are Required: Y

HD

Walmart
Pharmacy

BL 135
BL 107

Lettisa Willis Rutledge

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or use the internet at www.fda.gov/Safety/Medwatch/.

Pharmacy hours:

Mon: 09:00 AM - 09:00 PM

Wed: 09:00 AM - 09:00 PM

Fri: 09:00 AM - 09:00 PM

Sun: 10:00 AM - 06:00 PM

Tue: 09:00 AM - 09:00 PM

Thu: 09:00 AM - 09:00 PM

Sat: 09:00 AM - 07:00 PM

Lunch Time Varies

RUTLEDGE
LETTISA
5617 NORMAN CT



RisperidONE 1MG TAB ZYD NDC: 68382-0114-14
DIRECTIONS: TAKE 1 TABLET BY MOUTH TWICE DAILY

COLLEGE PARK, GA 303496968
WAL-MART PHARMACY 10-787
7050 HWY. 85 SOUTH
RIVERDALE, GA 30274 -0000
NABP: 1137579 NPI: 1104843432
RX: 6221539 Ref = 2 DATE: 07/26/22

COLCORD, HERBERT R
Prescriber NPI: 1770065815
QTY: 60 DAW: 0 DAY SUPPLY: 30
TP REF # 222073505550029998

RUTLEDGE
LETTISA
5617 NORMAN CT



FLUOXETINE 20MG CAP LEG NDC: 68545-0130-54
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH ONCE DAILY

COLLEGE PARK, GA 303496968
WAL-MART PHARMACY 10-787
7050 HWY. 85 SOUTH
RIVERDALE, GA 30274 -0000
NABP: 1137579 NPI: 1104843432
RX: 6221540 Ref = 2 DATE: 07/26/22

COLCORD, HERBERT R
Prescriber NPI: 1770065815
QTY: 30 DAW: 0 DAY SUPPLY: 30
TP REF # 222073505550182997

Patient Pay: \$0.00 Cash: \$4.00 WHP

ID# 2022-0161347-C
Page 14

Total RX: 2
Signature Required: Y
Counsel: Y

Walmart
Pharmacy

Lettisa Willis

B. 96

ID# 2022-0161347-CV
Page 15

If you have any questions, please feel free to contact your Pharmacist at (770)994-0657.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or use the internet at
www.fda.gov/Safety/medwatch/.

Pharmacy hours	Mon 09:00 AM - 09:00 PM	Wed 09:00 AM - 09:00 PM	Fri 09:00 AM - 09:00 PM	Sat 09:00 AM - 07:00 PM	Sun 10:00 AM - 06:00 PM
	Tue 09:00 AM - 09:00 PM	Thu 09:00 AM - 09:00 PM	Sat 09:00 AM - 07:00 PM	Lunch time Varies	

RUTLEDGE
LETTISA
5617 NORMAN CT
COLLEGE PARK, GA 303496968
OC# 465 923 841 076 592 329 107 659 238
WAL-MART PHARMACY 10-787
7050 HWY. 85 SOUTH
RIVERDALE, GA 30274 -0000
NABP: 1137579 NPI: 1104843432
RX: 6233454 Ref = 2 DATE: 09/16/22

Patient Pay: \$0.00 Cash: \$4.00 WHP

Risperidone 3MG TAB ZYD
DIRECTIONS: TAKE 1 TABLET BY MOUTH AT BEDTIME

RUTLEDGE
LETTISA
5617 NORMAN CT
COLLEGE PARK, GA 303496968
OC# 365 923 841 076 592 377 107 659 238
WAL-MART PHARMACY 10-787
7050 HWY. 85 SOUTH
RIVERDALE, GA 30274 -0000
NABP: 1137579 NPI: 1104843432
RX: 6233455 Ref = 2 DATE: 09/16/22

Patient Pay: \$0.00 Cash: \$4.00 WHP

COLCORD, HERBERT R
Prescriber NPI 1770055215
QTY 30 DAY: 0 DAY SUPPLY 30
TP REF # 222596116491314999 222596116491314999

FLUOXETINE 20MG CAP LEG
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH ONCE DAILY

COLCORD, HERBERT R
Prescriber NPI 1770055215
QTY 30 DAY: 0 DAY SUPPLY 30
TP REF # 222596116491314999

20

medical Records

Welcome to Clayton Center
Individual Engagement Form

Number Pulled

ID# 22-0161347-CV Page 14

NAME	Leah Williams		Date of Birth	[REDACTED]
ARRIVAL TIME	1:45 PM	APPOINTMENT TIME		:

☐ New Client (Intake # _____) Client ID# _____
☒ Returning/Current Client ☐ Former Client
☐ VA Client ☐ Recent Hospital Discharge ☐ Court System

Do you have an APPOINTMENT Today: ☒ YES ☐ NO
 Do you have a Picture ID: ☒ YES ☐ NO

What TYPE of service are you seeking today: ☒ Mental Health ☐ Substance Use

Type of Insurance (Check all that apply)	<input type="checkbox"/> No Insurance	<input type="checkbox"/> Aetna	<input type="checkbox"/> Amerigroup	<input type="checkbox"/> BCBS	<input type="checkbox"/> CareSource
	<input type="checkbox"/> Cigna	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input checked="" type="checkbox"/> Peachstate	<input type="checkbox"/> United Healthcare
	<input type="checkbox"/> Wellcare	<input type="checkbox"/> VA	<input type="checkbox"/> Other		

Telephone No.	404 369-0149	Mailing Address	5017 Ashwood Point		
		City	State	GA	Zip

Why are you here today or your chief complaint? Feeling Lousy

Does the client have a diagnosis of Autism or Developmental Disabilities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Have you been recently discharged from a Mental Health Hospital or a CSU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, what date?	9/18/2022
Which Hospital were you discharged from?	Archie Community Hospital
Were you discharged with meds or a prescription?	<input checked="" type="checkbox"/> Meds <input checked="" type="checkbox"/> Prescription <input type="checkbox"/> Neither
Do you have your Discharge Papers with you today?	<input type="checkbox"/> YES <input type="checkbox"/> NO

How are you feeling today. We would like to know how you are feeling, please answer the following questions.

Do you wish you were dead or that you did not wake up today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are you having thoughts of hurting or killing yourself today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If you are having thoughts of hurting or killing yourself, do you have a plan on how to do it?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Have you done anything to hurt yourself or try to kill yourself within the last 7 days?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are you having thoughts of hurting or killing someone else today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If you are having thoughts of hurting or killing someone today, do you have a plan on how to do it?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are you hearing voices or people talking to you today?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Exhibit D



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Atlanta District Office

100 Alabama Street, SW, Suite 4R30
Atlanta, GA 30303
Free: (833) 827-2920
TTY: (404) 562-6909/6910
FAX: (404) 562-6801
Website: www.eeoc.gov

12/15/2022

VIA: Wewon49@gmail.com
Lettisa Willis
~~1615 Norman Court~~
Atlanta, GA 30349

Re: FOIA No.: 410-2023-003004
Charge No.: 11B-2022-00087
Lettisa Willis vs. Wellstar Atlanta Medical Center

Dear Ms. Willis:

Your request under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, received by the Atlanta District Office on 12/15/2022, is assigned to the ☐ Simple ☐ Complex ☐ Expedited track with the above FOIA number. Your request will be processed Marcia Haymer, Records Disclosure Coordinator, who may be reached at 470-531-4812 or marcia.haymer@eeoc.gov.

- ☒ EEOC will make every effort to issue a determination on your request on or before 01/17/2023. FOIA and EEOC regulations provide 20 working days to issue a determination on a request, not including Saturdays, Sundays and federal holidays. In unusual circumstances, EEOC may extend the 20 working days by 10 additional working days or stop processing your request until you respond to our request for fee or clarifying information. Should EEOC take an extension or stop processing your request, notice will be issued prior to the expiration of the 20 working days.
- ☐ EEOC will make every effort to issue a determination on your request on or before 01/17/2023. FOIA and EEOC regulations, at 29 C.F.R. § 1610.9(d), provide 20 working days to issue a determination on a request, not including Saturdays, Sundays and federal holidays. As provided in 5 U.S.C. § 552(a)(6)(B) (2016), due to unusual circumstances we hereby provide you with the required written notice that we are extending by ten (10) working days the time in which we shall respond based upon:
- ☐ the need to search for and collect the requested records, if any exist, from field offices or other establishments that are separate from this office;
 - ☐ the need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request; or
 - ☐ the need for consultation with another agency, or two or more components of this agency, having a substantial interest in the determination of the request.
- ☐ Your "unperfected" request under the FOIA was received on 12/15/2022. The request will not be processed until it is perfected by the submission to this office a copy of a "Filed" marked court Complaint on the above charge. 29 C.F.R. § 1610.5(b)(3). Failure to submit a copy of the "Filed" marked Complaint within 10 working days of your receipt of this letter may result in the administrative closure of your request. Upon receipt of the "Filed" marked Complaint your request will be perfected, and processing will begin. At that time, EEOC will issue a letter acknowledging receipt of your perfected FOIA request, providing the name of the person who will be processing your request, and the date by which you may expect to receive a response from me.

Exh C

410-2023-003004

- [] Your request for expedited processing is not a proper request. If a "compelling need" exists for the records you request, please promptly submit a statement, certified to be true and correct to the best of your knowledge and belief, describing the reasons processing of your request should be expedited. You may also submit your certified statement by mail to our office address in the letterhead above. Upon receipt of your certified statement, EEOC will adjudicate your request and notify you of the decision within ten (10) calendar days.

You may contact the FOIA Requester Service Center for status updates on your FOIA request or for FOIA information via toll free at (833) 827-2920, to our non-toll free number at (202) 921-2542, by e-mail to FOIA@eeoc.gov, by facsimile to (202) 653-6034, or by mail to our office address in the letterhead above. Additionally, if your request was filed online through the EEOC FOIA Web Portal, you may monitor its status at <https://eeoc.arkcase.com/foia/portal/login>. You may also contact the EEOC FOIA Public Liaison, Michael L. Heise, for assistance.

Sincerely,
Darrell E. Graham
District Director
atlafoia@eeoc.gov

Endnotes



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Atlanta District Office

100 Alabama Street, SW, Suite 4R30
Atlanta, GA 30303
Free: (877)-869-1802
TTY (404) 562-6909/6910
FAX (404) 562-6801
Website: www.eeoc.gov

12/15/2022


Dear Lettisa Willis,

Your request has been delivered to the U.S. Equal Employment Opportunity Commission. The request has been assigned tracking # 410-2023-003004, please log into your account and review your submission.

The application address is <https://eeoc.arkcase.com/foia/portal/>

Thank you,

U.S. Equal Employment Opportunity Commission

Notice of Confidentiality: The information contained in this transmission may contain privileged and confidential information, including information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited and may be unlawful. If you are not the intended recipient, please contact us at foia@eeoc.gov  and destroy all copies of the original message and attachments.

DISCLOSURE STATEMENT
CLERK OF SUPERIOR COURTConnie Taylor
Clerk of Superior Court Cobb County

CASE NUMBER

22-1-8748.68

Assigned by Clerk

Lettisa Willis

PLAINTIFF

Wellstar vs Health Systems

DEFENDANT

TYPE OF ACTION

- | | |
|---|---|
| 1. <input type="checkbox"/> Divorce without Agreement Attached | 11. <input type="checkbox"/> URESA |
| 2. <input type="checkbox"/> Divorce with Agreement Attached | 12. <input checked="" type="checkbox"/> Name Change |
| 3. <input type="checkbox"/> Domestic Relations | 13. <input checked="" type="checkbox"/> Other |
| 4. <input type="checkbox"/> Damages arising out of Contract | 14. <input type="checkbox"/> Recusal |
| 5. <input type="checkbox"/> Damages arising out of Tort | 15. <input type="checkbox"/> Adoption |
| 6. <input type="checkbox"/> Condemnation | |
| 7. <input type="checkbox"/> Equity | |
| 8. <input type="checkbox"/> Zoning- County Ordinance violations (i.e. Injunctive relief-zoning) | |
| 9. <input type="checkbox"/> Zoning Appeals (denovo) | |
| 10. <input type="checkbox"/> Appeal, Including denovo appeal-excluding Zoning | |

PREVIOUS RELATED CASES

Does this case involve substantially the same parties, or substantially the same subject matter, or substantially the same factual issues, as any other case filled in this court? (Whether pending simultaneously or not.)

☐ NO☒ YES - If yes please fill out the following:

- Case # 2022CV.37265
- Parties Lettisa Willis vs. LGC Hospitality
- Assigned Judge Pending
- Is this case still pending? ☒ Yes ☐ No
- Brief description of similarities.

Sexual Harassment
Wrongful Termination/Discrimination
Sexual Harassment

Lettisa Willis

Attorney or Party Filing Suit

General Civil and Domestic Relations Case Filing Information Form
☒ Superior or ☐ State Court of COBB Clerk of Superior Court Cobb County
 County

For Clerk Use Only

Date Filed

12/16/22

MM-DD-YYYY

Case Number

22-1-8748-68

Plaintiff(s)

Willis Lettisa

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Defendant(s)

Wellstar Health Systems

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Plaintiff's Attorney

State Bar Number

Self-Represented ☒

Check one case type and one sub-type in the same box (if a sub-type applies):

General Civil Cases

- ☐ Automobile Tort
☐ Civil Appeal
☐ Contempt/Modification/Other Post-Judgment
☐ Contract
☐ Garnishment
☐ General Tort
☐ Habeas Corpus
☐ Injunction/Mandamus/Other Writ
☐ Landlord/Tenant
☐ Medical Malpractice Tort
☐ Product Liability Tort
☐ Real Property
☐ Restraining Petition
☒ Other General Civil

Domestic Relations Cases

- ☐ Adoption
☐ Contempt
☐ Non-payment of child support, medical support, or alimony
☐ Dissolution/Divorce/Separate Maintenance/Alimony
☐ Family Violence Petition
☐ Modification
☐ Custody/Parenting Time/Visitation
☐ Paternity/Legitimation
☐ Support - IV-D
☐ Support - Private (non-IV-D)
☐ Other Domestic Relations

- ☐ Check if the action is related to another action pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

Case Number

Case Number

- ☒ I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in OCGA § 9-11-7.1.

- ☐ Is a foreign language or sign-language interpreter needed in this case? If so, provide the language(s) required.

Language(s) Required

- ☐ Do you or your client need any disability accommodations? If so, please describe the accommodation request.

IN THE SUPERIOR COURT OF COBB COUNTY
STATE OF GEORGIAPetitioner: Lethisa Willis

and

Respondent: Wellstar Health System

Civil Action File No.:

22-1-8748-68Connie Taylor
Clerk of Superior Court Cobb County

SUMMONS

TO THE ABOVE NAMED RESPONDENT:

You are hereby summoned and required to file with the Clerk of said Court and serve upon the Petitioner,
whose name and address is:

Lethisa Willis
5617 Norman Court
Atlanta GA 30349

and *Answer* to the *Complaint* which is herewith served upon you, within 30 days after service of this *Summons* upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the *Complaint*.

If a hearing has already been scheduled in this case, you must appear at that scheduled hearing, regardless of whether the 30 days for filing an answer has elapsed.

This 14th day of December, 20 22.

CONNIE TAYLOR,
Clerk of Superior Court

By [Signature]
Clerk

To Respondent upon whom this *Petition* is served:

This copy of *Complaint and Summons* was served upon you, _____, 20 ____.

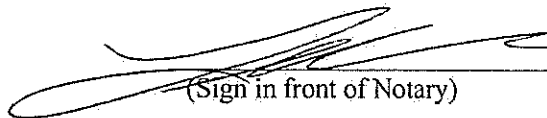
Connie Taylor
Clerk of Superior Court Cobb County

22.1. 8748.68

[illegible]

7. That I hereby request to proceed in this action without having to pay filing fees and associated costs.

Signed this 14 day of December 2022
[month] [year]

 (Sign in front of Notary) Lettisa Willis
Petitioner, Self-represented

Petitioner's name (print or type): Lettisa Willis

Petitioner's Address: 5617 Norman Court
Atlanta GA

Petitioner's Telephone Number: 404-906-0149

Petitioner's E-mail Address: Wewon49@gmail.com

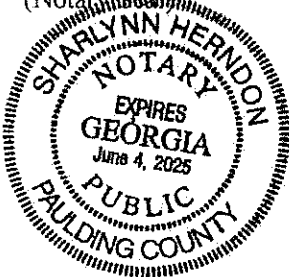
Sworn to and affirmed before me, this

14 day of December 2022

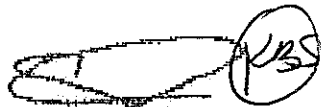
Sharlynn Herndon
NOTARY PUBLIC

My commission expires: 6-4-2025

(Notary Seal)



IN THE SUPERIOR COURT OF COBB COUNTY


Connie Taylor
Clerk of Superior Court Cobb County

STATE OF GEORGIA

Lettisa Willis

*

Plaintiff,

*

Civil Action No.: 22-1-8748-68

v.

*

Wellstar Health Systems

*

Defendant.


*

ORDER GRANTING REQUEST TO PROCEED IN FORMA PAUPERIS

The Plaintiff came before the Presiding Judge on December 16, 2022
seeking to proceed in forma pauperis in the above-styled case.

The Court having heard the sworn testimony of the Plaintiff and having reviewed the
Plaintiff's Affidavit hereby GRANTS the Plaintiff's request to proceed in forma pauperis.

SO ORDERED this 16 day of Dec., 2022.



Senior Judge, State of Georgia

Presiding in the Superior Court
Of Cobb County

FILED IN COURT

THIS 12/16 2022
AT 3:50 P M

CONNIE TAYLOR
SUPERIOR COURT CLERK
COBB COUNTY, GEORGIA

S. LARK INGRAM
SENIOR JUDGE, STATE OF GEORGIA
PRESIDING IN COBB JUDICIAL CIRCUIT